



**Purchase Order
Professional Service Contract
State of Indiana**

Approved by Encompass Leadership Team - 2011

Order # Date Required Date Page
0017544779 10/01/2016 10/31/2016 1 of 1
Requisition Number: 0000033866
Vendor ID: 0000318783 REMIT001
Agency: 00400 Health
Pay Terms: Invoice Due Upon Receipt
Fund/Object/Center: 61910/ 531025/ 305000

1 CHANGE ORDER
Vendor 0000318783 REMIT001 1

Remit to

REAL ALTERNATIVES
7810 ALLENTOWN BLVD #304
HARRISBURG PA 17112

Ship To

State Department of Health
Section 2-C
2 N MERIDIAN ST
INDIANAPOLIS IN 46204

Vendor
Name
Address

REAL ALTERNATIVES
7810 ALLENTOWN BLVD #304
HARRISBURG PA 17112

Bill To

Health
State Department of Health
Section 2-C
2 N MERIDIAN ST
INDIANAPOLIS IN 46204

Vendor
Contact

Name:
eMail:
Phone:

Buyer

Name: Seth C Greathouse - 00400
eMail: SGreathouse@isdh.IN.gov

Item No	Description	Purchase Order Line Details		Qty Recd	UOM	Unit Price	Extended Amt
		(FOB Destination)	Qty Ordered				

1- 1	10/1/16 - 9/30/17 Real Alternatives		1.0000		FEE	2,250,000.0000	2,250,000.00
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Contract ID: 0000000000000000000017466 Contract Line: 1 Release: 1

Deliveries acceptable only between 8:30 AM and 4:00 PM, Monday through Friday

Units of Measure, Handling, Totals, Signatures

The following UN/CEFACT Unit of Measure
Common Codes are used in this document:
FEE Fee

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Total PO Amt. \$ 2,250,000.00

Indiana Department of Administration Authorized Signatory

CONFIRMATION OF RECEIPT

I certify that the items listed above were received. All commodities appeared to conform to specifications and showed no patent defects, except as otherwise noted.

Signature of State Employee Receiver

Date Signed(Month/Day/Year)

FUNDING ENCUMBERED BY THE AUDITOR OF STATE

I certify that there is sufficient unencumbered balance in the above account to cover the amount of this order, and that funds have been set aside for payment thereof.



00400 0017544779

Indiana Department of Administration